MAXIMUS Federal Services

Case Number:	CM14-0153254		
Date Assigned:	09/23/2014	Date of Injury:	07/03/2007
Decision Date:	10/27/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/19/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Texas. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Medical records reflect the claimant is a 57 years old female who sustained a work injury on 7-3-07. The claimant sustained an injury to the lumbar spine. The claimant has been treated with lumbar epidural steroid injections.Office visit on 7-15-14 notes the claimant has low back pain that radiates to bilateral lower extremities. The pain is rated as 5/10 with medications and 10/10 without medications. She has limited function. On exam, the claimant has tenderness with painful range of motion. There is tenderness to both knees. The claimant has a diagnosis of lumbar facet arthropathy, radiculitis and left knee pain. The claimant also has medication related dyspepsia and constipation.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

TENS SUPPLIES: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-117. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter - TENS unit.

Decision rationale: Chronic Pain Medical Treatment Guidelines as well as ODG notes that a TENS unit is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. This modality is recommended for conditions such as spasticity, multiple sclerosis, neuropathic pain, phantom limb pain. There is an absence in documentation noting functional improvement with the modality or daily diaries noting her functional improvement. Therefore, the medical necessity of this request is not established.

LIDODERM PATCH 5 %: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 56-57.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Page(s): 56-57.

Decision rationale: Chronic Pain Medical Treatment Guidelines Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). There is an absence in documentation noting that this claimant has failed first line of treatment. Additionally, this medication is only FDA approved for post herpetic neuralgia. Therefore, the medical necessity of this request is not established.